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# Adult Survivors of Childhood Abuse: An Analysis of Coping Mechanisms Used for Stressful Childhood Memories and Current Stressors

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# Adult Survivors of Childhood Abuse: An Analysis of Coping Mechanisms Used for Stressful Childhood Memories and Current Stressors

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**Abstract:** Coping mechanisms used to deal with stressful childhood memories and current stressors were assessed for 196 women in each of 4 groups: no abuse history, sexual abuse history, physical abuse history, and both sexual and physical abuse history. Current psychological adjustment was also examined. Discriminant function analyses revealed a variety of significant differences between the groups in use of strategies for coping with memories of abuse or another childhood stressor. There was no relationship between childhood history of abuse and the manner in which women coped with a current stressor. Women with an abuse history reported significantly poorer adult adjustment than did nonabused women, and different coping strategies were predictive of adjustment for abused and nonabused women.

**Key words:** physical abuse, sexual abuse, coping, adult survivors, psychological adjustment

The numerous problems associated with child abuse have been increasingly recognized in recent decades, along with alarming increases in its prevalence (e.g., Berliner & Elliott, 1996; Browne & Finkelhor, 1986; Kolko, 1996; Malinosky-Rummell & Hansen, 1993). Many studies of the possible consequences of sexual and physical abuse have been conducted (e.g., see Ammerman *et al.*, 1986; Browne & Finkelhor, 1986; Finkelhor, 1990; Kolko, 1996; Malinosky-Rummell & Hansen, 1993). There is no single profile of an abused child, as the extent and nature of the impact varies from person to person. A variety of factors may affect whether and how abuse has an impact, including variables such as the gender of the victim and perpetrator, the type and severity of abuse, the duration of and time since the abuse, and family reaction following identification of the abuse (Berliner & Elliott, 1996; Browne & Finkelhor, 1986; Hecht & Hansen, 1999, 2001; Malinosky-Rummell & Hansen, 1993).

The research literature indicates that the potential consequences of sexual abuse are varied and may be immediate as well as longterm (e.g., see Berliner & Elliott, 1996; Browne & Finkelhor, 1986; Finkelhor, 1990; Hansen *et al.*, 1998; Hecht & Hansen, 1999). Sexual abuse is associated with a number of internalizing and related behaviors, including anxiety, depression, poor self-esteem, suicidal ideation and attempts, nightmares and sleep disturbances, somatic complaints, and feelings of isolation (e.g., Livingston, 1987; McClellan *et al.*, 1995; Wells *et al.*, 1995). In addition, a number of studies have also noted the presence of externalizing behaviors, such as self-abusive behaviors, cruelty, problems with school performance and concentration, problems with relationships and social competence, substance abuse problems, and problems related to sexual activity revictimization, difficulties with sexual adjustment, and substance abuse (e.g., Einbender & Friedrich, 1989; McClellan *et al.*, 1995; Wells *et al.*, 1995). The effects of abuse uniquely manifest themselves in each individual, and the situations surrounding the abuse are different for each individual. Therefore, there is no set of symptoms that uniquely define the profile of a sexually abused person.

Like childhood sexual abuse, there are no definitive characteristics that define the profile of a physically abused person and the effects may be immediate or longterm (e.g., see Ammerman *et al.*, 1986; Kolko, 1996; Malinosky-Rummell & Hansen, 1993). A

number of correlates have been identified, however, including internalizing problems such as feelings of hopelessness, depression, anxiety, low self-esteem, somatic problems (Ammerman *et al.*, 1986; Briere & Runtz, 1988; Conaway & Hansen, 1989; Kolko, 1996; Malinosky-Rummell & Hansen, 1993), and externalizing problems such as interpersonal problems, aggression and violence inside and outside of the family, conduct problems and criminal behaviors, substance abuse, self-injurious and suicidal behavior (Briere & Runtz, 1988; Conaway & Hansen, 1989; Kolko, 1996; Malinosky-Rummell & Hansen, 1993; McCord, 1983).

As researchers have documented the potential impact of abuse, research has also begun to examine the mechanisms through which abuse has its potential consequences. Although we have learned much about the correlates and possible consequences of child maltreatment from an extensive and varied research literature, there is still much to learn, including whether and how it influences coping styles for dealing with memories of abuse as well as current stressors.

Adult coping styles and strategies for dealing with a variety of life events have been investigated, including stressors such as academic exams and assignments (e.g., Ben-Porath *et al.*, 1991; Berzonsky, 1992; Blankstein *et al.*, 1992; Folkman & Lazarus, 1985), work stress (e.g., Auerbach, 1989; Parkes, 1984), death of family members or friends (e.g., Stevens *et al.*, 1987), sexual and physical assault as an adult (Valentiner *et al.*, 1996), and being a parent of an ill or handicapped child (e.g., Knussen *et al.*, 1992). There has been relatively little research in the area of coping with the various forms of maltreatment. Morrow and Smith (1995) conducted a qualitative study of coping in women who experienced childhood sexual abuse. In-depth interviews revealed a variety of "survival and coping" strategies, which were subjectively grouped into two categories: (a) keeping from being overwhelmed by threatening and dangerous feelings (e.g., reducing intensity of feelings, avoiding/escaping feelings, discharging/ releasing feelings, dividing feelings into manageable parts) and (b) managing helplessness, powerlessness, and lack of control (e.g., reframing abuse to give illusion of control, attempting to master trauma, controlling other areas of life; rejecting power). In another study using structured interviews, Ward (1988) found that nearly all of the adolescent victims of sexual assault used psychological defense mechanisms in dealing with their abuse, with approximately half of the youth using multiple defense mechanisms. On the basis of the interview responses, the investigator identified the following types of defense mechanisms: (a) *repression*, the exclusion of threatening or painful thoughts and experiences from conscious awareness; (b) *emotional* insulation, discussion of sexual victimization in a detached manner and/ or emotional withdrawal from painful or potentially painful relationships; (c) *rationalization*, providing reasons for sexual victimization and/or justification of victims' behaviors which may be interpreted by others as provocative or deserving of sexual assault; and (d) *intellectualization*, managing the stressful situation as an abstract problem requiring analysis.

Wyatt and Newcomb (1990) examined women's retrospective reports of childhood sexual abuse to identify circumstances and coping strategies that served as internal and external mediators of the immediate and long-term effects of abuse. Abuse characteristics of close relationship to the perpetrator and abuse severity, as well as mediational variables of immediate negative responses, self-blame, and nondisclosure, were related to long-term negative outcomes. These results suggest that maladaptive coping responses (e.g., self-blame, nondisclosure) can contribute to poorer outcomes. Valentiner *et al*. (1996) examined the coping behaviors of female victims of sexual and nonsexual assault. Rape victims exhibited higher levels of wishful thinking and posttraumatic stress disorder (PTSD) than nonsexual assault victims. In addition, wishful thinking was positively related, and positive distancing negatively related, with PTSD severity. Coffey *et al.* (1996) found that disengagement methods of coping with sexual abuse (e.g., being alone, avoidance) were associated with greater psychological distress in women victimized as children, and that disengagement was more often used for the stress associated with sexual abuse than for other stressors. Similarly, Sigmon *et al.* (1996) found avoidance coping was the most frequently used strategy by both male and female adults who were sexually abused as children.

In a study of 271 college students, Rew *et al.* (1991) found that sexually abused men were more likely than sexually abused women to use coping strategies that keep stress under control without addressing the problem directly (i.e., hoping for improvement, resigning oneself to a fateful situation, withdrawing, and letting someone else solve the problem). Rew and colleagues also found that students who were sexually abused during childhood were more likely than their nonabused counterparts to cope with problems using affective responses such as worrying, getting angry, and taking tension out on others. Male survivors of contact sexual abuse scored significantly lower on well-being than did both abused women and nonabused participants.

Most of the research on coping with maltreatment has been with victims of sexual abuse. An illustrative study conducted by Zimrin (1986) demonstrates the

possible association between different childhood coping styles and subsequent adjustment in victims of childhood physical abuse. Zimrin conducted a long-term follow-up investigation of children who were physically abused, in which he differentiated the childhood coping mechanisms of adult individuals who appeared well-adjusted and individuals who manifested a high degree of psychosocial psychopathology. In this follow-up study, childhood coping mechanisms and adjustment were assessed by observations of the children in school, questionnaires administered to teachers and community services staff, psychological testing, and a 14-year follow-up interview with the participants by social workers. As children, the well-adjusted victims of physical abuse were more likely than the poorly adjusted victims to take initiative and influence their own destiny (i.e., not giving into helplessness, but adopting the attitude that they are the master of their own fate), have a higher self-image of themselves, display fewer instances of self-destructiveness (i.e., no self-wounding or suicide attempts), have good-to-outstanding cognitive abilities, have high manifestations of hope and fantasy (i.e., their fantasies display a theme of hope), exhibit belligerent behavioral patterns (i.e., they demand attention as opposed to being passive or constantly attempting to please others by denying themselves), and have a supporting adult or the responsibility for a dependent.

As the research on coping with childhood abuse gradually expands, the development of theoretical models for explaining the role of coping styles in mental health outcomes is needed. For example, Spaccarelli (1994) offers a transactional model to address the mental health effects of sexual abuse. Sexual abuse is conceptualized as a stressor that involves a series of abuse and abuse-related events (e.g., family conflict or strain, parental separation), and disclosure-related events (e.g., interviews) that increase risk of a negative outcome. Additionally, cognitive appraisals may mediate the impact of these events, and developmental and environmental factors moderate the relationship between sexual abuse stressor and the victim's response. This model also proposes that the victim's initial responses may effect later levels of stress. Spaccarelli's transactional model suggests that appraisal and coping responses are proximal determinants of abuse outcomes and that certain types of attributional and coping responses can increase the likelihood of maladaptive responses and symptomotology (e.g., passive coping responses may contribute to depression; 1994). The model suggests that coping appraisal processes may play an important mediating role in the development of psychological outcomes. Although this model was developed to address the issue of childhood sexual abuse, the applicability of such processes in relation to child physical abuse also seems likely.

Widom (2000) suggests that childhood victimization and violence may result in the development of maladaptive styles of coping, possibly functional at the time (e.g., avoidance of feelings), but that may later create problems for adjustment and dealing with stress. Hitchcock (1987) asserts that adults who were physically abused as children are less likely to have adequate coping skills, especially when stress levels are high. Hitchcock (1987) hypothesizes that coping problems may be due to the abusive parent modeling violence as a mode of coping with frustration. Additionally, the abused child does not have adequate opportunities to view appropriate coping strategies from the abusive parent. This modeling of inappropriate coping techniques combined with the absence of appropriate coping strategies places the abused child at a disadvantage when faced with his/her own stressful events or situations.

Much has been learned about potential consequences of childhood sexual and physical abuse, but relatively little is known about the potential coping strategies victims use to deal with the memories of the abuse. Additionally, research has not specifically explored whether or not abuse influences a survivor's coping styles for current stressors that are not abuse-related. The identification of coping strategies used by abuse survivors may contribute to a better understanding of factors that facilitate or interfere with adaptive functioning and recovery.

This study compares the coping strategies used by women with four types of childhood histories: no child abuse history, sexual abuse history, physical abuse history, and a sexual and physical abuse history. The purpose was to examine how adults with and without an abuse history are currently coping with memories associated with the abuse or other childhood stressors, as well as whether a history of abuse affects the ways women cope with current stressors. The relationships among abuse history, coping mechanisms, and psychological adjustment were also explored.

## METHOD

### Participants

The participants consisted of 196 female undergraduate students at a large Midwestern university. The average age of the respondents was 19.2 years ($SD$ = 1.6, range = 18–44). Most of the women were White (91.8%), whereas the rest of the women were African American (1.0%), Hispanic American (1.5%), Asian American (2.0%), foreign exchange students (2.6%), or

chose not to report their ethnicity (1.0%). Most of the women were originally from Nebraska (84.2%) or another midwestern state (7.2%). A majority of the women were also single and never married (95.9%).

## Measures

### *Demographic and Descriptive Information Form*

Information was collected regarding each participant's age, ethnicity, marital status, state of origin (i.e., where they lived prior to coming to college), family income, and cumulative college grade-point average.

### *Childhood Experiences Form*

The Childhood Experiences Form was used to assess each participant's possible past experiences with childhood physical and sexual abuse. The current Childhood Experiences Form is a modified version of the Conflict Tactics and History of Victimization form used by Malinosky-Rummell (1992), who compiled the form from the works of Badgley *et al.* (1984), Roscoe and Benaske (1985), Straus (1979), and Wolfe *et al.* (1987).

The self-report, paper-and-pencil survey format was selected over an interview method because of the time efficiency of testing several participants at once and the anonymity of self-report. The self-report format is commonly used in research on the topics of sexual and physical abuse (e.g., Berger *et al.*, 1988; Briere & Runtz, 1988; Bryer *et al.*, 1987; Cohen & Densen-Gerber, 1982; Haugaard & Emery, 1989; Rew *et al.*, 1991) and may result in increased identification of maltreatment over interview procedures (Dill *et al.*, 1991).

Part A of the Childhood Experiences Form was used to assess the participant's experiences with childhood physical abuse (prior to the age of 14). The Childhood Experiences Form differentiates between low-severity physical abuse (excessive shaking, throwing something at the participant, pushing, slapping, spanking, hitting on the extremities, scratching, and pinching) and high-severity abuse (biting, throwing the participant, beating, beating with an object, hitting on the head or torso, kicking, choking, attacking the participant with a knife or gun, burning).

Part B of the Childhood Experiences Form was used to assess the participant's experiences with childhood sexual abuse. Each participant was asked if she participated in any of the sexual activities listed on Part B of the Childhood Experiences Form against her will. It was specified that all acts must have occurred while under the age of 14, by anyone (e.g., relative, family friend, babysitter) at least 4 years older than the participant. The list of sexual activities included being shown sexually explicit material, kissing or hugging in a sexual way, exposure of sexual areas to the participant, exposure of sexual areas by the participant, viewing of a sexually explicit act in progress, viewing of another touching themselves in a sexual way, touching of the self, participant's manual touching of another's genitals, manual touching of the participant's genitals, rubbing of another person's genitals against the participant's body, rubbing of the participant's genitals against another person's body, oral contact with the participant's genitals, participant's oral contact with another person's genitals, attempts at sex, vaginal intercourse, and anal intercourse.

Participants who endorsed any of the high-severity physical abuse items on the Childhood Experiences Form—Part A were operationally defined for this study as physically abused. Participants who experienced any of the items on Part B of the Childhood Experiences Form were operationally defined as sexually abused. The participants who endorsed any of the high severity physical abuse items and any of the items on the sexual abuse section of the Childhood Experiences Form were operationally defined as both sexually and physically abused in this study.

### *Assessment of Childhood Memories Form*

This form was created for this study for the purpose of identifying important memories to be used in the assessment of coping. Respondents classified as abused were asked to consider the events they identified on the Childhood Experiences Form. They were asked to consider the current meaningfulness/significance and stress associated with this memory/problem, as well as how much current control they have over this memory/problem.

Respondents categorized as nonabused were instructed to proceed to a latter section of the Assessment of Childhood Memories Form and served as the control group. They were asked to identify a stressful or traumatic event or series of events that occurred while under the age of 14 (e.g., death of a loved one, personal injury or illness, divorce of parents, change of schools). They were asked to consider the meaningfulness/significance and stress associated with this memory/problem and how much current control they have over this memory/problem. Participants were directed to complete the Ways of Coping Inventory upon completion of the Assessment of Childhood Memories Form in order to describe the coping mechanisms used in dealing with the stressful childhood memory they selected.

*Assessment of Recent Stressor Form*

All participants were asked to consider any recent stressful events they have experienced within the year or were currently experiencing (e.g., academic pressure, trouble with a boss, divorce, health concerns of a loved one). The format was the same as the Assessment of Childhood Memories Form. Upon completion of the Assessment of Recent Stressor Form, participants were asked to complete the Ways of Coping Inventory to describe the coping mechanisms they are using to deal with the recent stressor.

*Ways of Coping Checklist—Revised*

The Ways of Coping Checklist—Revised (WOC-R; Lazarus & Folkman, 1984) was selected because of its ability to be used with a specific stressful event in mind. This 67-item checklist was used to determine the manner in which an individual copes with a particular stress-inducing situation. The participant was provided with a list of statements and asked to indicate on a scale ranging from0(*not used*)to3(*used a great deal*) to what extent she used the coping mechanism specified in the statement.

The WOC—R is composed of five empirically derived scales and three rationally derived scales (Folkman & Lazarus, 1985; Lazarus & Folkman, 1984). Of these eight scales, there is one problem-focused scale (problemfocused coping), six emotion-focused scales (wishful thinking, distancing, emphasizing the positive, self-blame, tension reduction, and self-isolation), and one mixed problem-and emotion-focused coping scale (seeking social support). Problem-focused coping focuses on specific cognitive as well as behavioral techniques used to modify or control the source of the problem. Emotion-focused coping involves cognitive and behavioral factors aimed at reducing or controlling the emotional distress associated with the problem.

The WOC—R is a psychometrically sound instrument. Scherer *et al.* (1988) compared the factor loadings of their college sample to that of the Folkman and Lazarus (1985) college sample. The five factors found by Scherer *et al.* were highly congruent with the factors reported by Folkman and Lazarus, providing support for the use of the measure for investigations with college students. Internal consistency on the WOC-R has also been examined in several studies (e.g., Fairbank *et al.*, 1991; Folkman & Lazarus, 1985; Wright, 1990). Folkman and Lazarus (1985) found WOC-R alpha coefficients ranging from .65 to .85 in a sample of college students.

The WOC-R has been one of the most widely used measures of coping styles in adult populations (Auerbach, 1989; Fairbank *et al.*, 1991). Researchers have used the WOC/WOC-R checklist with college populations to identify ways participants cope with a self-identified stressor (Ben-Porath *et al.*, 1991; Stone *et al.*, 1991). Also within college and professional training populations, the WOC/WOC-R checklist has been used to assess the ways an individual copes with a variety of stressors, including an examination or academic assignment (Ben-Porath *et al.*, 1991; Berzonsky, 1992; Blankstein *et al.*, 1992; Folkman & Lazarus, 1985), the death of a relative or friend (Stevens *et al.*, 1987), and personal episodes and work-related episodes on the ward for nurses during their 1st year of training (Parkes, 1984). It has also been used to examine the coping strategies of adult female victims of sexual and nonsexual assault (Valentiner *et al.*, 1996).

In this study, the WOC-R form was completed twice by all participants. For participants classified as abused, the WOC-R form was first used to assess the ways they are coping with their memories of abuse. The WOC-R form was later used to determine the ways the participants were coping with a current stressor (e.g., death of a loved one, illness of a loved one, parents' divorce, preparation for an important final examination, transition from high school to college).

For participants classified as nonabused, the WOC-R form was used to assess the ways they were coping with the memories of a stressful or traumatic childhood event. The childhood event was generated by the participant (e.g., death of a loved one, parents' divorce, transfer from school, illness of a loved one). Similar to the participants classified as abused, the WOC-R form was later used to determine the ways the participants were coping with a current stressor.

*College Adjustment Scales*

The College Adjustment Scales (CAS; Anton & Reed, 1990) consist of an 108-item self-report inventory designed to measure overall adjustment as well as adjustment on nine specific scales: anxiety, depression, suicidal ideation, substance abuse, self-esteem problems, interpersonal problems, family problems, academic problems, and career problems. The CAS was normed on 1,146 college and university students throughout the United States. The normative sample was composed of 38% males and 62% females. The normative age ranged from 17 years through 65 years of age, however only 10% of the standardization sample exceeded 30 years of age. Of the standardization sample 75% were Caucasian, 9% African American, 6% Hispanic, and 10% were from other ethnic groups.

Internal consistency coefficients for the CAS range from .80 to .92 with a mean of .86. Convergent and discriminant validity were studied in four validation studies by using college students. The CAS was correlated with a variety of different measures including anxiety, depression, interpersonal problems, family problems, and substance abuse. Overall, the CAS scores correlated highly with the relevant related measures and had low correlations with measures expected to be unrelated. The CAS was selected for this study because of its standardization sample as well as its sensitivity to differences in the college population.

*Perception of Childhood Experiences*

The Perception of Childhood Experiences Form asked the participant to rate on a 4-point Likert-type scale ranging from 1 (*definitely not*)to4(*definitely was*) whether or not she thinks she was sexually abused, sexually taken advantage of, physically abused, and/or harshly physically disciplined. Follow-up questions regarding the participant's relationship to the perpetrator, the age of abuse onset, the age of abuse termination, and age of the perpetrator were all included.

## Procedures

The participants were tested in a classroom setting in small groups of generally 5–10 individuals (maximum of 15). Participants were asked to spread out to allow for privacy in responding to questions. All participants received and signed a written consent form prior to participation in this research. Questionnaires were then presented in a packet in the following order: Demographic and Descriptive Information Form, Childhood Experiences Form, Assessment of Childhood Memories Form, Ways of Coping Checklist—Revised (childhood experiences), Assessment of Recent Stressor Form, Ways of Coping Checklist— Revised (recent events), College Adjustment Scales, Perception of Childhood Experiences Form. After completion of the study all participants were given a summary of the project and thanked for their participation.

# RESULTS

## History of Abuse

Participants were divided into one of four groups on the basis of their childhood histories; women without an abuse history, women with a physical abuse history, women with a sexual abuse history, and women with both a physical and sexual abuse history. Of the 196 female participants, the majority (56.1%, $n = 110$) experienced no form of sexual or physical abuse during childhood. Physical abuse was experienced by 19.4% ($n = 38$) of the women, sexual abuse was experienced by 13.3% ($n = 26$) of the women, and both sexual and physical abuse were experienced by 11.2% ($n = 22$) of the women.

## Demographic and Background Variables

The four groups were compared on demographic and background variables of age, income (family of origin), and cumulative college GPA. Analysis of variance (ANOVA) indicated a significant difference among the four abuse groups in age, $F(3,192) = 6.301$, $p = .001$, MSE = 5.807. A review of Table I, indicating the means and standard deviations for each group as well as the pair-wise comparisons based on the least significant difference (LSD) procedure, reveals that those having experienced both physical/sexual abuse are significantly older than those in the no-abuse, physical abuse, and sexual abuse groups. The latter three groups did not differ significantly in mean age. The four groups differed significantly in terms of college GPA as well, $F(3,192) = 3.83$, $p = .019$, MSE = 0.380. The LSD procedure revealed that the physical abuse group had a significantly lower mean GPA relative to the sexual and no-abuse groups, but not the physical/sexual group. The sexual, physical/sexual, and no-abuse groups did not differ significantly in terms of GPA. There were no significant differences in terms of family of origin income among the four abuse groups, $F(3,181) = .589$, $p = .623$, MSE = 3.294.

**Table I.** Means and Standard Deviations of Demographic and Background Variables by Abuse Group

| | Physical abuse ($n = 38$) | | Sexual abuse ($n = 26$) | | Physical/ sexual ($n = 22$) | | No abuse ($n = 110$) | |
|---|---|---|---|---|---|---|---|---|
| | *M* | *SD* | *M* | *SD* | *M* | *SD* | *M* | *SD* |
| Income | 5.74 | 2.21 | 4.96 | 2.42 | 5.21 | 2.49 | 5.43 | 2.38 |
| Age | $19.21_{b}$ | 1.26 | $18.92_{a}$ | 0.74 | $21.55_{abc}$ | 6.30 | $19.26_{c}$ | 1.39 |
| College GPA | $2.83_{ab}$ | 0.70 | $3.16_{a}$ | 0.73 | 2.97 | 0.51 | $3.18_{b}$ | 0.57 |

*Note.* Means with the same subscript differ significantly at $p < .01$. The following scale was used for family income: 0 = under $10,000; 1 = $10,000–19,999; 2 = $20,000–29,999; 3 = $30,000–39,999; 4 = $40,000–49,999; 5 = $50,000–59,999; 6 = $60,000–69,999; 7 = $70,000–79,000; 8 = $80,000–89,999; 9 = $90,000 and above.

## Coping With Childhood Memories

A discriminant function analysis was used to identify the ways that the no abuse, sexual abuse, physical abuse, physical/sexual abuse groups currently cope with stressful childhood memories. Given the significant differences among the groups on age and college GPA, these variables were included along with the WOC-R coping strategies as predictors.

A full-model discriminant analysis revealed a diffuse structure having three functions. As can be seen in the structure weights presented in Table II, the first function, $\chi^2(30) = 109.15$, $p = .001$, $R^2$ canonical = .492, reflects differences among the groups in terms of emotion-focused coping strategies such as distancing, self-blaming, and wishful thinking, as well as social support seeking and emphasizing the positive. The second function $\chi^2(18) = 57.0$, $p = .001$, $R^2$ canonical = .429, provided further discrimination with social support seeking and wishful thinking, along with age, tension reduction, and problem-focused coping. The third function provided further differentiation $\chi^2(8) = 18.74$, $p = .016$, $R^2$ canonical = .308, in terms of college GPA and self-isolating tendencies, another emotion-focused coping strategy.

Figures 1 and 2 provide graphical depictions of the multivariate results. Follow-up ANOVAs with the LSD procedure comparing mean discriminant function scores are shown in Table III and indicate that on

**Table II.** Correlations Between Discriminating Variables and Discriminant Functions (Function Structure Matrix) for Childhood Memories

| Variable | Function 1 | Function 2 | Function 3 |
|---|---|---|---|
| Social support seeking | .557 | .319 | −.002 |
| Distancing | −.450 | .169 | .158 |
| Emphasizing the positive | .313 | .111 | −.165 |
| Self-blame | −.302 | .201 | −.135 |
| Age | −.087 | .641 | .176 |
| Tension reduction | −.150 | .521 | .116 |
| Problem focus coping | .012 | .443 | −.211 |
| Wishful thinking | .340 | .347 | .168 |
| Self-isolation | −.258 | .103 | .641 |
| College GPA | .261 | −.156 | .494 |

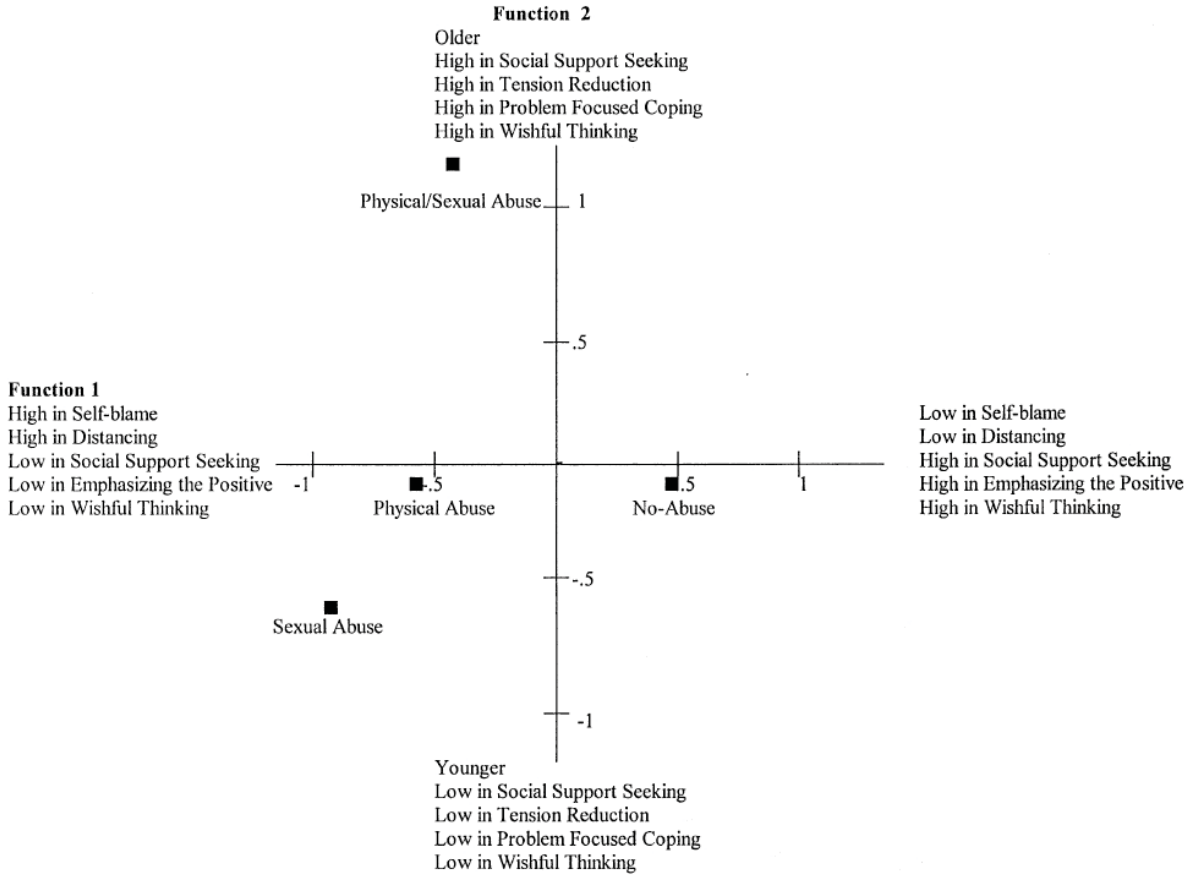


**Fig. 1.** Group centroids plot for Functions 1 and 2 from discriminant function analysis (for childhood memories).

Function 1 the no-abuse group could be differen-groups lie at opposite ends of the continuum and that the tiated from all other abuse groups, but these groups could no abuse and physical/sexual abuse groups fall between not be differentiated from each other. Function 2 pro-them. The physical abuse group could be differentiated vided reliable discrimination among all the groups except from all other groups, but the sexual abuse group could the no-abuse and the physical abuse groups. Examination only be differentiated from the no abuse and the physof Function 3 reveals that the physical and sexual abuse ical abuse groups, not the physical/sexual abuse group.

**Table III.** Means and Standard Deviations of Discriminant Function Scores for Childhood Memories by Abuse Group

| | Physical abuse ($n = 38$) | | Sexual abuse ($n = 26$) | | Physical/sexual ($n = 22$) | | No abuse ($n = 110$) | |
|---|---|---|---|---|---|---|---|---|
| Function | *M* | *SD* | *M* | *SD* | *M* | *SD* | *M* | *SD* |
| Function 1 | $-.558_{a}$ | .874 | $-.877_{b}$ | .764 | $-.432_{c}$ | 1.078 | $.484_{abc}$ | 1.067 |
| Function 2 | $-.083_{ad}$ | .858 | $-.606_{bde}$ | .735 | $1.220_{abc}$ | 1.953 | $-.073_{ce}$ | .808 |
| Function 3 | $-.570_{abc}$ | 1.200 | $.499_{ad}$ | .653 | $.235_{b}$ | 1.112 | $.032_{cd}$ | .967 |

*Note.* Means with the same subscript differ significantly at $p < .01$.

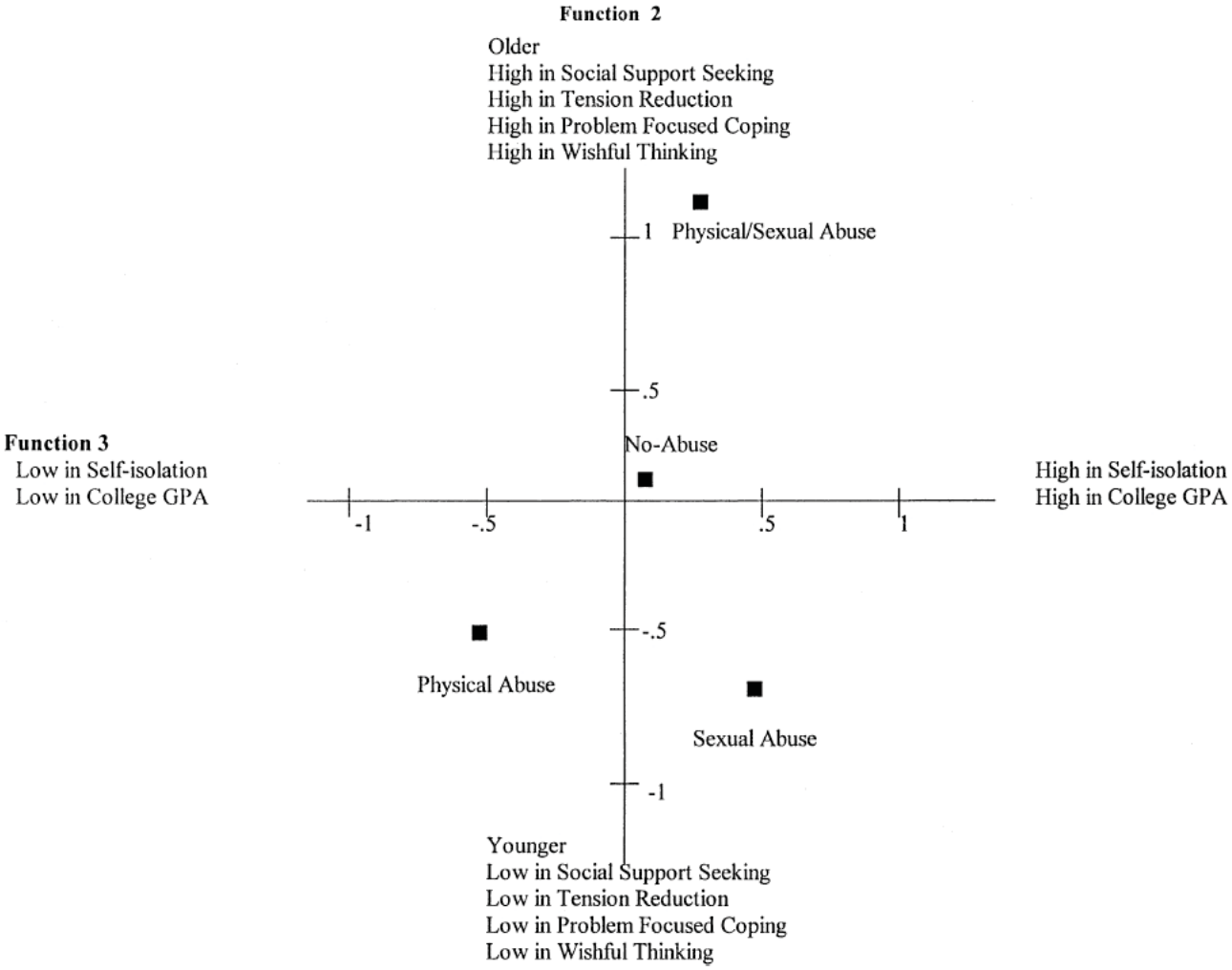


**Fig. 2.** Group centroids plot for Functions 2 and 3 from discriminant function analysis (for childhood memories).

The physical/sexual and the no-abuse groups could not be differentiated from each other on this function. Table IV reveals the results when the LDF was used to reclassify participants into the four groups and indicates a 58.2% correct reclassification. For additional descriptive purposes, the means and standard deviations on the coping strategies for each group, as well as pairwise comparisons based on the least significant difference (LSD) procedure, are included in Table V.

### Coping With Current Stressors

ANOVAs comparing mean scores on WOC-R coping strategies indicated no significant differences among the abuse groups in relation to the way they cope with current stressors. Not surprisingly, a discriminant function analysis using college GPA, age, and coping strategies as predictors failed to reliably differentiate the groups. Overall, this suggests that abuse history is not associated with the ways women cope with current stressful events.

### Psychological Adjustment and Coping Strategies

A secondary interest in this study was the relationship of abuse history and coping strategies with psychological adjustment, as measured by the total score (overall adjustment problems) on the CAS. An initial analysis of variance comparing the four groups on adjustment was not significant ($p > .05$). Given that a relationship between abuse history and adjustment seemed likely and further exploration warranted, the groups were then recoded into two dichotomous groups; that is the physical, sexual, and physical/sexual groups became the abused group ($n = 86$) and the no-abuse group ($n = 110$) remained the same. Analysis of variance indicated a significant difference between the two groups on the CAS, $F(1,194) = 6.92$, $p = .009$, MSE = 3599.94. The abused group scored significantly higher ($M = 487.05$, $SD = 62.28$) than the no abuse group ($M = 464.33$, $SD = 58.16$) on the CAS, indicating poorer adjustment.

Multiple regression analyses were conducted to examine the differences in predictive models of college adjustment between the two groups. The WOC-R coping strategies, age, and college GPA were used as predictors of adjustment as indicated by CAS scores. Table VI presents the multiple regression results for both groups. A backwards selection model predicting CAS scores for the abused group accounted for a significant proportion of the variance, $R^2 = .45$, $F(7,78) = 9.165$, $p = .001$. The final model included social support seeking, self-isolation, self-blame, wishful thinking (all coping strategies used when dealing with childhood memories), and self-isolation (strategy used with current stressor) as reliable contributors. When dealing with childhood memories lower scores on social support seeking and self-isolating and higher scores on self-blaming and wishful thinking were predictive of higher CAS scores, as was higher scores on self-isolating tendencies when dealing with current stressors.

**Table IV.** Classification Analysis for Abuse Groups (Based on Discriminant Function Analysis for Childhood Memories)

| | | Predicted group membership | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Physical | | Sexual | | Physical/ sexual | | No abuse | |
| Actual group membership | *n* | *n* | % | *n* | % | *n* | % | *n* | % |
| Physical | 38 | 20 | 52.6 | 8 | 21.1 | 7 | 18.4 | 3 | 7.9 |
| Sexual | 26 | 8 | 11.5 | 20 | 76.9 | 0 | 0 | 3 | 11.5 |
| Physical/sexual | 22 | 4 | 18.2 | 4 | 18.2 | 10 | 45.5 | 4 | 18.2 |
| No abuse | 110 | 16 | 14.5 | 19 | 19.1 | 11 | 10.0 | 64 | 58.2 |

*Note.* Overall percentage of correctly classification cases = 58.2%.

**Table V.** Means and Standard Deviations of Coping Strategies for Childhood Memories by Abuse Group

| | Physical abuse ($n = 38$) | | Sexual abuse ($n = 26$) | | Physical/sexual ($n = 22$) | | No abuse ($n = 110$) | |
|---|---|---|---|---|---|---|---|---|
| | *M* | *SD* | *M* | *SD* | *M* | *SD* | *M* | *SD* |
| Seeking social support | $7.39_{c}$ | 4.96 | $5.50_{ab}$ | 4.52 | $10.00_{a}$ | 6.20 | $10.53_{bc}$ | 5.60 |
| Self-isolation | $2.92_{ab}$ | 2.53 | $4.69_{ac}$ | 1.85 | $4.45_{bd}$ | 2.46 | $3.22_{cd}$ | 2.58 |
| Tension reduction | $2.00_{a}$ | 2.19 | $1.81_{b}$ | 1.63 | $3.45_{abc}$ | 1.95 | $1.85_{c}$ | 1.88 |
| Self-blame | $3.00_{a}$ | 2.67 | 2.65 | 2.06 | $3.27_{b}$ | 2.47 | $2.10_{ab}$ | 2.18 |
| Emphasizing the positive | 3.34 | 2.35 | $2.58_{a}$ | 2.08 | 3.45 | 2.20 | $3.85_{a}$ | 2.31 |
| Distancing | 7.50 | 3.92 | $8.31_{a}$ | 3.44 | $8.55_{b}$ | 4.00 | $6.19_{ab}$ | 3.35 |
| Wishful thinking | $6.29_{ab}$ | 4.99 | $5.77_{cd}$ | 3.77 | $9.18_{ac}$ | 4.52 | $7.72_{bd}$ | 4.72 |
| Emotion focused coping | $25.05_{a}$ | 13.90 | 25.81 | 11.09 | $32.36_{ab}$ | 10.39 | $25.60_{b}$ | 11.33 |
| Problem focused coping | 11.03 | 7.28 | $8.19_{a}$ | 4.47 | $13.55_{ab}$ | 5.82 | $10.35_{b}$ | 6.11 |

*Note.* Means with the same subscript differ significantly at $p < .01$.

**Table VI.** Regression Analysis Summary for Variables Predicting College Adjustment

| Variable | *B* | *SEB* | *b* |
|---|---|---|---|
| *Abused group* | | | |
| Coping strategies used with painful childhood memories | | | |
| Social support seeking | −3.346 | 1.148 | −.289* |
| Self-isolation | −6.191 | 3.075 | −.243* |
| Wishful thinking | 5.875 | 1.919 | .442* |
| Self-blame | 5.626 | 2.752 | .220* |
| Coping strategies used with current stressors | | | |
| Self-isolation | 9.506 | 3.053 | .361* |
| Distancing | −2.879 | 1.605 | −.189 |
| Wishful thinking | 2.716 | 1.490 | .192 |
| *No-Abuse group* | | | |
| Coping strategies used with painful childhood memories | | | |
| Self-isolation | 8.517 | 1.993 | .378* |
| Self-blame | 5.444 | 2.572 | .204* |
| Wishful thinking | −2.308 | 1.211 | −.185 |
| Coping strategies used with current stressors | | | |
| Self-blame | 3.022 | 1.590 | .160 |
| Emphasizing the positive | −3.496 | 1.539 | −.172* |
| Wishful thinking | 5.254 | 1.188 | .383* |

*Note.* * $p < .05$.

A backwards selection model predicting CAS scores for the no-abuse group also accounted for a significant proportion of the variance, $R^2 = .44$ $F(6,103) = 13.71$, $p = .001$, and included self-isolation and self-blame (strategies used with painful childhood memories) and emphasizing the positive and wishful thinking (strategies used with current stressors). Higher CAS scores were associated with higher scores on self-isolating and self-blaming when dealing with childhood memories and higher scores on emphasizing the positive and wishful thinking when dealing with current stressors.

## DISCUSSION

Of particular interest in this study is how adult women with and without abuse histories cope with past and current stressors, including memories of abuse, and how abuse history and coping styles relate to current adjustment. Demographic and background variables of age and college GPA were included in the various multivariate analyses because of the existence of group differences on these variables and the need to consider coping, adjustment, and abuse history within this context.

Discriminant function analyses were useful for identifying significant differences among the groups in coping strategies for stressful childhood memories. Overall, the analyses revealed a variety of group differences. On the first function, the no-abuse group could be differentiated from the other groups in that this group engaged in less distancing and self-blaming and more social support seeking, emphasizing the positive, and wishful thinking when dealing with painful childhood memories than did the three abuse groups. Differences in the nature of the memories being recalled (i.e., abuse vs. some other negative experience) may play a role in these differences. On the second function, the physical/sexual abuse group differentiated from the other three groups with a higher mean age, as well as greater use of social support seeking, tension reduction, problem-focused coping, and wishful thinking when dealing with painful childhood memories. The physical abuse and no-abuse groups differed from the sexual abuse group in same direction on these variables (i.e., higher age, more use of those strategies). On the third function, the physical abuse group differed from the other three groups with lower college GPA and lower self-isolation. The sexual abuse group showed higher self-isolation and higher GPA than did the no-abuse group.

A comparison to similar studies is difficult because of the paucity of research focusing on how people cope with memories of abuse (especially forms other than sexual abuse) and the labels applied to the coping mechanisms are diverse in the literature. Ward (1988) reported that adolescent sexual assault victims cope with memories of the assault using defense mechanisms, the most frequent being repression, emotional insulation, rationalization, and intellectualization. Similarly, other investigators have found sexual abuse to be associated with coping strategies such as disengagement (e.g., Coffey *et al.*, 1996), avoidance (e.g., Sigmon *et al.*, 1996), and emotive coping, such as worrying or getting angry (e.g., Rew *et al.*, 1991). Wyatt and Newcomb (1990) found that mediational variables of immediate negative responses, self-blame, and nondisclosure were related to long-term negative outcomes for women sexually abused as children. Such findings are consistent with this study's findings that the sexual abuse group was more likely to use self-isolation than the no-abuse and physical abuse groups (Function 3), and all abuse groups were higher in use of distancing and self-blame (Function 1) as coping mechanisms than persons with no abuse history. The sexual abuse group in this study also differed from the other groups in that they tended to be younger, and less likely to use social support seeking, tension reduction, problem-focused coping, and wishful thinking (Function 2).

Overall, it appears that different abuse histories warrant a unique combination of coping strategies to deal with memories of past abuse. For example, a salient finding is that persons with both a physical and sexual abuse history utilized a wider array of coping strategies than persons with an abuse history in a single domain (i.e., sexual abuse, physical abuse) or persons without an abuse history. Perhaps the combined trauma of the two abuses warrant an increased use and variety of coping strategies.

No significant differences were found among the groups for coping with current stressful events, which suggests that a history of abuse is not associated with the ways people cope with current stressors. The stressful events provided by the participants were diverse, including roommate incompatibility, recent abortion, involvement in an abusive relationship, fighting with a partner, and death of a friend or family member. This finding is somewhat inconsistent with those of Rew *et al.* (1991), who found that abused women used emotion-focused coping as a general coping strategy more than nonabused women. Coping strategies for everyday life events likely differs from coping with a significant current stressor.

There is one study in the literature that used a similar methodology in examining coping with past and current stressors. Fairbank *et al.* (1991) compared the coping mechanisms of repatriated prisoners of war (RPWs) with PTSD, RPWs without PTSD, and non-RPW veterans. The researchers found that RPWs with PTSD reported significantly more coping mechanisms on the WOC—R (i.e., wishful thinking, self-blame, self-isolation, and seeking social support) than both RPWs without PTSD and non-RPW veterans in dealing with stressful memories pertaining to war. The RPWs without PTSD used significantly more coping mechanisms (i.e., wishful thinking, emphasizing the positive, tension reduction) than did the non-RPW veterans. No significant differences were found among the three groups in the ways they cope with current stressors. Thus, the Fairbank *et al.* (1991) study is similar to the present study in terms of detecting differences in coping with past memories, but not detecting differences in coping with recent stressors. More research is necessary in further examining whether there is a relationship between past traumatic events and coping with current stressors.

Although the four groups did not significantly differ on adjustment, there was a significant difference between the larger abuse group (i.e., the three abuse groups combined into one group) and the no-abuse group, with the abuse group reporting poorer adjustment. This difference in psychological adjustment is not surprising given the possible long-term effects of childhood physical abuse reported in the literature (e.g., Ammerman *et al.*, 1998; Briere & Runtz, 1988; Malinosky-Rummell & Hansen, 1993; McCord, 1983). Of interest in the present study was the relationship of adjustment and coping strategies, and whether there were differences between the abused and non-abused women. For the abused group, the results showed that lower scores on social support seeking and self-isolating and higher scores on self-blaming and wishful thinking when dealing with childhood memories, as well as higher scores on self-isolating tendencies when dealing with current stressors, were predictive of poorer adjustment. For the no-abuse group, poorer adjustment was associated with higher scores on self-isolating and self-blaming when dealing with childhood memories and higher scores on emphasizing the positive and wishful thinking when dealing with current stressors. The only similarity between the two models was that for both the abuse and no-abuse groups higher levels of self-blame for childhood memories were associated with poorer adjustment.

Rew *et al.* (1991) also found a relationship between emotive coping (e.g., worrying, getting angry, taking tension out on others) and well-being. Persons with a history of contact sexual abuse scored higher on emotive coping and lower on well-being than did nonabused persons. Similarly, Coffey *et al.* demonstrated that disengagement methods of coping with sexual abuse were associated with greater psychological distress in women victimized as children. Perrott *et al.* (1998) found that for adult women with sexual abuse histories, "deliberately suppressing" abuse memories was associated with lower self-esteem whereas "reframing" was related to absence of a psychiatric diagnosis.

Persons with traumatic childhood histories may have more difficulty with psychological adjustment and need to employ more and different coping mechanisms to deal with the stressful memories. The relationships among abuse history, coping, and current psychological adjustment in this study are consistent with previous research, primarily with sexual abuse victims (e.g., Coffey *et al.*, 1996; Morrow & Smith, 1995; Rew *et al.*, 1991; Runtz & Schallow, 1997; Sigmon *et al.*, 1996; Ward, 1988; Wyatt & Newcomb, 1990), and are also consistent with previous theory (Cicchetti & Toth, 2000; Spaccarelli, 1994; Widom, 2000). Overall, the present findings are supportive of Spaccarelli's transactional model of the mental health effects of sexual abuse (Spaccarelli, 1994), which proposes that cognitive appraisals and coping responses mediate the impact of abuse and that certain types of coping responses increase the likelihood of adjustment problems. Further research is needed to better understand the relationship among these vari-

ables, given the limited literature on coping with abuse, including research on forms of maltreatment other than sexual abuse and identification of specific types of coping responses that help or hinder recovery (Hecht & Hansen, 2001; Spaccarelli, 1994; Widom, 2000).

There are several methodological issues that are worth noting. The first concerns the generalizability of the findings, which is somewhat limited by the nature of the college sample. Overall, college students are a fairly well-adjusted group in terms of intellectual, social, and psychological functioning. Some level of successful functioning is necessary to complete high school and survive in the college arena. It is expected that the prevalence of abuse is lower in college populations (Haugaard & Emery, 1989). Further, college students with a history of abuse may be better adjusted to their abuse than their abused counterparts in the general population. Therefore, the consequences of the abuse may be an underestimate when compared to a more heterogeneous sample of victims (Haugaard & Emery, 1989; Rew *et al.*, 1991). A further understanding of the relationships among abuse history, coping mechanisms, and psychological functioning may be obtained by using a more heterogeneous population.

No significant differences were found among the groups in the ways persons cope with current stressors, which could be due to the homogeneity and relatively successful functioning of the college population. A related possibility is that the recent stressors were not severe enough to detect differences in current coping styles among the groups. Given the nonsignificant findings on this dimension, it is recommended that future studies address coping with more severe current stressors and utilize a larger and more heterogeneous sample to increase the chances of detecting differences among the groups if they exist.

Another methodological issue concerns participant's subjective self-report of abuse. The field of psychology is conflicted over the accuracy and completeness of memories of stressful childhood events (e.g., Cloitre *et al.*, 1996; Gore-Felton *et al.*, 2000; Loftus, 1993; Wakefield & Underwager, 1992). This study utilized parrticipants' retrieved memories of abuse. There were no objective methods of verifying the reported accounts of abuse (or lack thereof). Future researchers may address this by verifying abuse histories with parental reports, hospital records, or child protective agency records.

This study identified important similarities and differences among persons with different histories of abuse in their use of coping strategies for childhood memories of abuse or other stressors, as well as coping strategies for current stressors. Abuse history affects how one copes with the associated memories and different forms of abuse have somewhat different effects on coping. In addition, examination of the relationships of current psychological adjustment, abuse history, and use of coping strategies provided a valuable perspective. Persons with childhood abuse histories may have more difficulty with psychological adjustment and need to employ different coping mechanisms to deal with these stressful childhood memories. Understanding the relationship among abuse history, coping mechanisms, and current psychological functioning assists in understanding the manner in which abuse victims manage and negotiate their past and present worlds.

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